



TEXAS DEPARTMENT OF HEALTH
Bureau of Radiation Control
1100 West 49th Street
Austin, Texas 78756-3189
BUSINESS INFORMATION FORM

In accordance with Chapter 171, Tax Code and the Texas Regulations for Control of Radiation, the following information must be completed and returned to the Texas Department of Health before a license may be issued.

If your organization requires assistance in determining its Texas franchise tax status or information regarding its Texas franchise tax liability, you may call toll free 1-800-252-5555. You may also write to: Comptroller of Public Accounts, Tax Correspondence Division, Attn: Franchise Tax Assistance, Capitol Station, Austin, Texas 78774.

Business/Company Name: _____

Doing business as: _____

Physical Business Location: _____
Street

City

State

Zip Code

Business Telephone No.: () _____

Billing Address (if different from Physical Business Location): _____
Street

City

State

Zip Code

Telephone No. (if different from above: () _____

Applicant is:

☐

A TEXAS CORPORATION

☐

A NON-TEXAS CORPORATION

☐

NOT A CORPORATION

Texas Franchise Tax No.: _____

I certify that the franchise taxes are (a) ____ current or (b) ____ not applicable and the information on this form is correct to the best of my knowledge.

Print Name: _____

Title: _____

Signature*: _____

Date: _____

***This form must be signed by the applicant or person duly authorized to act for and on behalf of the applicant.**
(Continue on the reverse side of this form)

DETAILED BUSINESS INFORMATION

BUSINESS/COMPANY NAME: _____

Complete the section below appropriate to your business. For example, if there are more than two partners in your partnership, information concerning other partners should be included on additional sheets as needed.

IF A CORPORATION:

Federal Employer I.D.: _____

President: _____

Driver's License: _____
Number State

Vice President: _____

Driver's License: _____
Number State

Secretary/Treasurer: _____

Driver's License: _____
Number State

Registered Agent: _____

IF A PARTNERSHIP*:

Type of Partnership: _____ Federal Employer I.D.: _____

Name of Partner: _____

Driver's License: _____
Number State

Name of Partner: _____

Driver's License: _____
Number State

IF NONE OF THE ABOVE*:

Legally Responsible Person: _____

Federal Employer I.D.: _____

Driver's License: _____
Number State

** Also provide the above information - including business addresses - on all persons having 10% or greater financial interest in the company.*